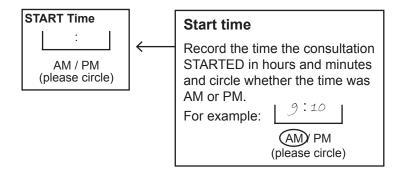
PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **PATIENT'S CHRONIC CONDITIONS / PROBLEMS.**

You may tear out this page as a guide to completing the following section of forms.



INSTRUCTIONS

Answer these questions for **EACH** of the **next 30 PATIENTS** in the order in which the patients are seen.

Please $\underline{\text{DO NOT}}$ select patients to suit the topic being investigated.

Use your own knowledge, patient knowledge and your records as you see fit, in order to answer these questions.

Finish time

Record the time the consultation FINISHED in hours and minutes and circle whether the time was AM or PM.

For example:

(please circle)

Frequency of GP visits

Please write the approximate number of times (including today's visit) the patient has seen any GP for any reason in the past 12 months. Use patient recall, and/or your notes or knowledge, to give the best estimate.

Abbreviations

BMI = body mass index

IHD = ischaemic heart disease

CHF = congestive heart failure

Periph Vasc Dis = peripheral vascular disease

CVA = cerebrovascular accident

COPD = chronic obstructive pulmonary disease (including emphysema)

GORD = gastro-oesophageal reflux disease

Patient chronic conditions/problems

The aim of these questions is to estimate the **prevalence** and **patterns** of **multimorbidity** in general practice patients. With an ageing population, the prevalence of multimorbidity is expected to increase and much of the care will fall on general practice. This study will highlight the complexity of multimorbidity and assist in planning for future health service needs.

If the patient has **NO chronic problems** please tick the box labelled '**NO chronic problems** in this patient', and go to the 'finish time' question.

If the patient **DOES** have **chronic conditions or problems**, please **use the tick boxes to indicate which ones** they have (irrespective of whether you have managed them today). Tick as many as apply.

If the patient has a **malignant neoplasm(s)** please **specify the primary site** of the neoplasm.

If the patient has any **other chronic problems or conditions** that are **not listed** please specify these in the **'Other chronic problems not listed'** section.

Approx. how many	Does the	Musculoskeletal	Psychological	Endocrine / nutritional	Cardiovascular	Other chronic problems		FINISH Time
times has this	patient have	☐ Osteoarthritis	☐ Depression	☐ Hyperlipidaemia	☐ Hypertension	Asthma	not listed: (please specify)	
patient seen <u>any</u>	any chronic	☐ Rheumatoid arthritis	☐ Anxiety	☐ Diabetes Type 1	□IĤD	□ COPD		
GP in the past 12 months	conditions/		☐ Insomnia	☐ Diabetes Type 2	□ CHF	☐ Sleep apnoea		l
(including today)?	problems?	☐ Osteoporosis	☐ Dementia (incl	☐ Obesity (BMI ≥30)	☐ Periph. Vasc. Dis	Chronic renal failure		
No:	(Tick all that apply)	☐ Chronic back pain	Alzheimer's)	☐ Hypothyroidism ☐ Hyperthyroidisim	☐ CVA/stroke ☐ Atrial fibrillation	☐ GORD ! ☐ Glaucoma		AM / PM (please circle)
□ Don't know	□ NO chronic problems in this patient → Go to last question □ Malignant neoplasm → Site:							BL148B